

OPTIONAL INFORMATION	
Name of School:	Date of Inspection:
Vocational Program/Course/Room:	Signature of Inspector:

## **BLOODBORNE PATHOGENS - PART 2**

### **SELF INSPECTION CHECKLIST**

**Guidelines:** This checklist covers some of the regulations issued by the U.S. Department of Labor - OSHA under the General Industry standard 29 CFR 1910.1030. These regulations were adopted by reference by the New Jersey PEOSH Program and the New Jersey Department of Education. It applies to all situations where a person's **work activities** may result in exposure to blood or other potentially infectious materials. Such activities might include students learning how to take blood tests or teachers who are trained in first aid and are required to render first aid in the event of an emergency. This checklist does not cover acts which result in exposure to blood or other potentially infectious materials when voluntarily assisting others in an emergency. Definitions of underlined terms are provided at the end of the checklist to help you understand some of the questions.

<b>Housekeeping</b>	<u>Please Circle</u>
1. Is there a written schedule for cleaning and method of decontamination for all areas and surfaces that may become contaminated with blood or <u>other potentially infectious materials</u> ? [29 CFR 1910.1030(d)(4)(i)]	Y N N/A DK
2. Are all equipment and working surfaces cleaned and decontaminated immediately or as soon as feasible after contact with blood or <u>other potentially infectious materials</u> ? [29 CFR 1910.1030(d)(4)(ii)]	Y N N/A DK

Comments/Corrective Action
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**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

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3. Are protective covers used to cover equipment and surfaces removed and replaced as soon as feasible when they become overtly contaminated? [29 CFR 1910.1030(d)(4)(ii)(B)] Y N N/A DK

Note: Protective coverings include: plastic wrap, aluminum foil, or absorbent paper backed with impervious material.

4. Are all reusable receptacles such as bins, pails and cans that are likely to become contaminated with blood or other potentially infectious materials inspected and decontaminated on a regular schedule? [29 CFR 1910.1030(d)(4)(ii)(C)] Y N N/A DK
5. Are all reusable receptacles such as bins, pails and cans that are likely to become contaminated with blood or other potentially infectious materials cleaned and decontaminated immediately, or as soon as feasible upon visible contamination? [29 CFR 1910.1030(d)(4)(ii)(C)] Y N N/A DK
6. Is directly picking up broken contaminated glassware, using your hands, prohibited? [29 CFR 1910.1030(d)(4)(ii)(D)] Y N N/A DK
7. Is broken contaminated glassware only cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps? [29 CFR 1910.1030(d)(4)(ii)(D)] Y N N/A DK
8. Are contaminated sharps discarded immediately or as soon as feasible into containers? [29 CFR 1910.1030(d)(4)(iii)(A)(1)] Y N N/A DK
9. Are containers used for disposing of sharps closable, puncture resistant, leakproof on sides and bottom, and labeled with a biohazard warning label or colored red? [29 CFR 1910.1030(d)(4)(iii)(A)(1)] Y N N/A DK

Comments/Corrective Action
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**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

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| 10. | Are containers used for disposing of sharps easily accessible and located in the area where sharps are used or can be reasonably anticipated to be found? [29 CFR 1910.1030(d)(4)(iii)(A)(2)]  | Y N N/A DK |
| 11. | Are containers used for disposing of sharps maintained upright throughout use? [29 CFR 1910.1030(d)(4)(iii)(A)(2)]   | Y N N/A DK |
| 12. | Are containers used for disposing of sharps replaced routinely and not allowed to overfill? [29 CFR 1910.1030(d)(4)(iii)(A)(2)]  | Y N N/A DK |
| 13. | Are containers containing sharps closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping? [29 CFR 1910.1030(d)(4)(iii)(A)(3)]  | Y N N/A DK |
| 14. | Are containers containing sharps placed in an appropriate secondary container if leakage is possible? [29 CFR 1910.1030(d)(4)(iii)(A)(3)]  | Y N N/A DK |
| 15. | Are <b>reusable sharps</b> that are contaminated with blood or <u>other potentially infectious materials</u> <b>not</b> stored or processed in a manner that requires a person to reach by hand into the containers where these sharps have been placed? [29 CFR 1910.1030(d)(4)(ii)(E)] | Y N N/A DK |
| 16. | Are <b>reusable</b> containers not opened, emptied, or cleaned manually or in any other manner which might expose a person to the risk of skin puncture? [29 CFR 1910.1030(d)(4)(iii)(A)(4)]   | Y N N/A DK |

Comments/Corrective Action

**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

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| 17. | Is regulated waste, other than sharps, placed into containers which are: [29 CFR 1910.1030(d)(4)(iii)(B)(1)]   | Y N N/A DK |
|     | a) closable?   |            |
|     | b) constructed to contain all contents and prevent leakage of fluid during handling, storage, transport or shipping?   | Y N N/A DK |
|     | c) labeled with the biohazard warning label or colored red?  | Y N N/A DK |
|     | d) closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping?  | Y N N/A DK |
| 18. | Are containers of regulated waste, other than sharps, that have become contaminated on the outside placed into appropriate secondary containers? [29 CFR 1910.1030(d)(4)(iii)(B)(2)] | Y N N/A DK |
| 19. | Is contaminated laundry handled as little as possible with a minimum of agitation or movement? [29 CFR 1910.1030(d)(4)(iv)(A)]   | Y N N/A DK |
| 20. | Is contaminated laundry bagged or containerized at the location it is used? [29 CFR 1910.1030(d)(4)(iv)(A)(1)]   | Y N N/A DK |
| 21. | Is contaminated laundry placed and transported in bags or containers labeled with the biohazard symbol or colored red? [29 CFR 1910.1030(d)(4)(iv)(A)(2)]                            | Y N N/A DK |

Comments/Corrective Action

**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

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| 22. | Is wet contaminated laundry placed and transported in bags or containers that will prevent soak-through and/or leakage of fluids to the exterior? [29 CFR 1910.1030(d)(4)(iv)(A)(3)]   | Y N N/A DK |
| 23. | Do persons who handle contaminated laundry wear protective gloves and other appropriate personal protective equipment? [29 CFR 1910.1030(d)(4)(iv)(B)]                                 | Y N N/A DK |
| 24. | Are garments which have been penetrated by blood or <u>other potentially infectious materials</u> removed immediately or as soon as possible by the user? [29 CFR 1910.1030(d)(3)(vi)] | Y N N/A DK |

**Hepatitis B Vaccination**

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| 25. | Is the hepatitis B vaccination series made available to all persons who are reasonably anticipated to come in contact with blood or <u>other potentially infectious materials</u> through the performance of their job duties? [29 CFR 1910.1030(f)(1)] | Y N N/A DK |
| 26. | Is the hepatitis B vaccination series made available to persons who have received the required <u>bloodborne pathogen</u> training? [29 CFR 1910.1030(f)(2)]  | Y N N/A DK |
| 27. | Within 10 days of initial assignment, is the hepatitis B vaccination series made available to persons whose job is reasonably anticipated to have contact with blood or <u>other potentially infectious materials</u> ? [29 CFR 1910.1030(f)(2)]        | Y N N/A DK |
| 28. | Have persons who refused to take the hepatitis B vaccination series signed a statement to that effect following the form prescribed by the OSHA standard? [29 CFR 1910.1030(f)(2)]  | Y N N/A DK |

Comments/Corrective Action

**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

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**Post-exposure Evaluation and Follow-up**

29. Is a confidential medical evaluation and follow-up made available to an exposed person following a report of an exposure incident? [29 CFR 1910.1030(f)(3) and (5)] Y N N/A DK

Note: The medical evaluation and follow-up must include documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred; identification and documentation of the source individual unless identification is infeasible or prohibited by state law; the HBV or HIV infectivity of the source individual if it can be legally determined; collection and testing of blood from the exposed individual for HBV and HIV serological status provided consent is given; post-exposure prophylaxis when medically indicated; counseling; evaluation of reported illnesses; and a written opinion from a healthcare professional.

**Labels**

30. Are containers of regulated waste labeled with a biohazard warning label? [29 CFR 1910.1030(g)(1)(i)] Y N N/A DK

Note: Red bags or red containers may be substituted for a biohazard warning label. Containers include refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

Comments/Corrective Action
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**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

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**Training**

31. Are individuals who are reasonably anticipated to have contact with blood or other potentially infectious materials in the course of their work or student activities provided training on bloodborne pathogens? [29 CFR 1910.1030(g)(2)] Y N N/A DK

Note: The training must include an accessible copy of the OSHA standard; a general explanation of the epidemiology and symptoms of bloodborne diseases; an explanation of the modes of transmission of bloodborne pathogens; an explanation of the exposure control plan and how to obtain a copy; an explanation of how to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials; an explanation of engineering controls, work practice controls and personal protective equipment; information on hepatitis B vaccine; emergency information and procedures; information on the post-exposure evaluation and follow-up; information on labels and color coding; and an opportunity for interactive questions and answers.

32. Is bloodborne pathogen training provided before or at the time of initial assignment where contact with blood or other potentially infectious materials is possible? [29 CFR 1910.1030(g)(2)] Y N N/A DK
33. Is bloodborne pathogen refresher training provided at least annually? [29 CFR 1910.1030(g)(2)] Y N N/A DK

Comments/Corrective Action
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**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

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| 34. | Is additional <u>bloodborne pathogen</u> training provided when changes are instituted that might affect exposure such as modification of tasks or procedures or adoption of new tasks or procedures? [29 CFR 1910.1030(g)(2)] | Y N N/A DK |
| 35. | Is the <u>bloodborne pathogen</u> training material appropriate in content and vocabulary to the educational level, literacy, and language of people to be trained? [29 CFR 1910.1030(g)(2)]                                   | Y N N/A DK |
| 36. | Is the person(s) who conducts the <u>bloodborne pathogen</u> training knowledgeable in the subject matter? [29 CFR 1910.1030(g)(2)]  | Y N N/A DK |

**Recordkeeping**

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| 37. | Are accurate medical records maintained regarding hepatitis B vaccinations, examinations, medical testing, follow-up procedures, and copies of written opinions given in response to exposure incidents? [29 CFR 1910.1030(h)] | Y N N/A DK |
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**Note: These records are confidential.**

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| 38. | Are records maintained of training that shows the dates of the training sessions, the contents of the training session, the names and qualifications of person conducting the training, and the names of the persons attending the training sessions? [29 CFR 1910.1030(h)] | Y N N/A DK |
| 39. | Are training records maintained for at least 3 years? [29 CFR 1910.1030(h)]   | Y N N/A DK |

Definitions:

Comments/Corrective Action



**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

---

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

**BLOODBORNE PATHOGENS - PART 2**  
**SELF INSPECTION CHECKLIST**

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